



World Health
Organization

Update on SARS-COV-2 and Omicron VOC

9 December 2021

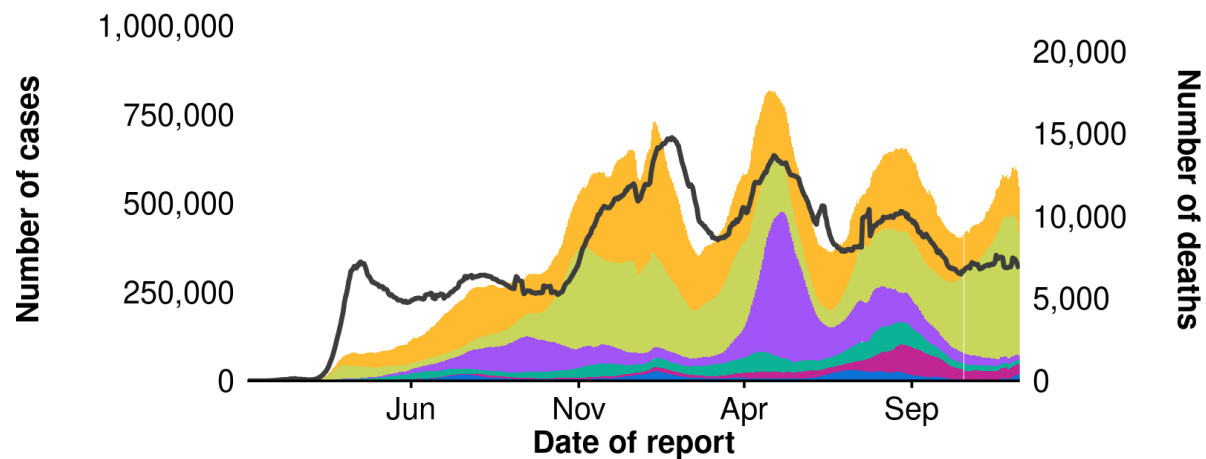
ACT Accelerator Facilitation Council

Global Situation

(as of 8 December 10H CET)

- Cumulative:**

- 266,504,411 confirmed cases.
- 5,268,849 deaths.



— Deaths

data smoothed with 7-day moving average

Countries with the highest number of new cases in previous 24 hours

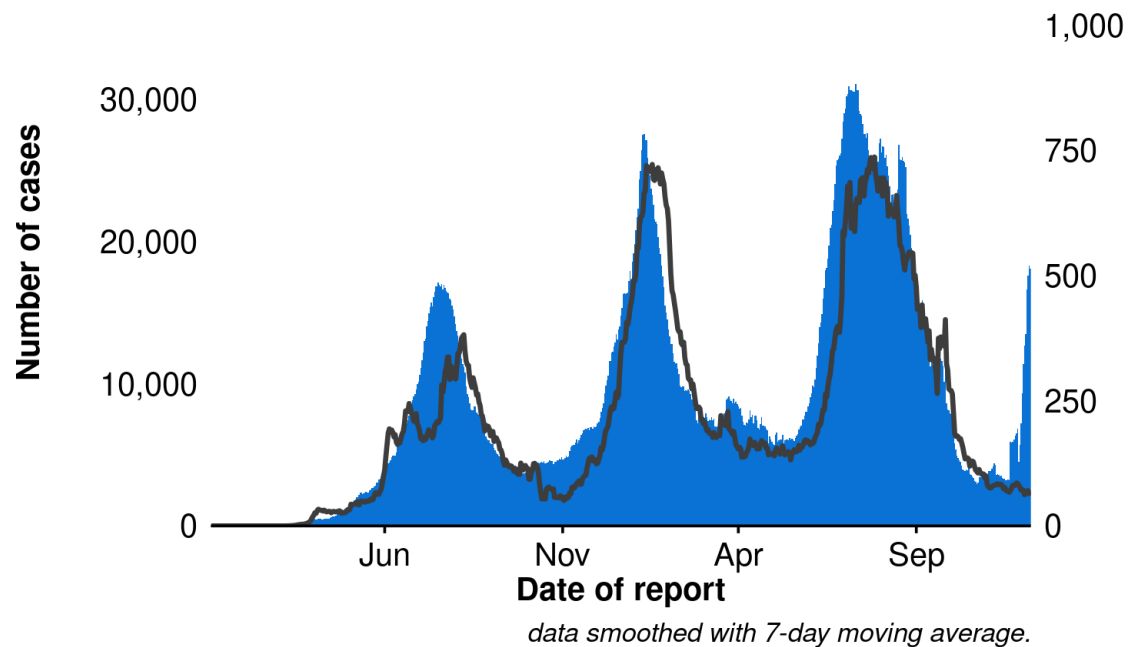
Country		New Cases	Total Cases	New Deaths	Total Deaths
United States of America		190,353	48,982,584	1,343	783,433
Germany		69,601	6,291,621	527	104,047
France		58,852	7,749,620	171	117,404
United Kingdom		45,102	10,560,345	180	145,826
Russian Federation		30,752	9,895,597	1,179	284,823
Poland		28,549	3,732,589	591	86,796
Turkey		22,687	8,943,837	198	78,215
Czechia		19,546	2,282,212	132	34,034
Netherlands		18,017	2,790,830	68	19,770
Italy		15,742	5,134,318	99	134,386

Trend line shown for the past 12 months

WHO African Region

(as of 8 December 10H CET)

- **Previous 24 hours:**
 - 29,210 new confirmed cases from 29 countries.
 - 143 new deaths from 16 countries.
 - 4.2% of new global cases and 1.9% of new global deaths
- **Cumulative:**
 - 6,408,551 confirmed cases.
 - 153,503 deaths.

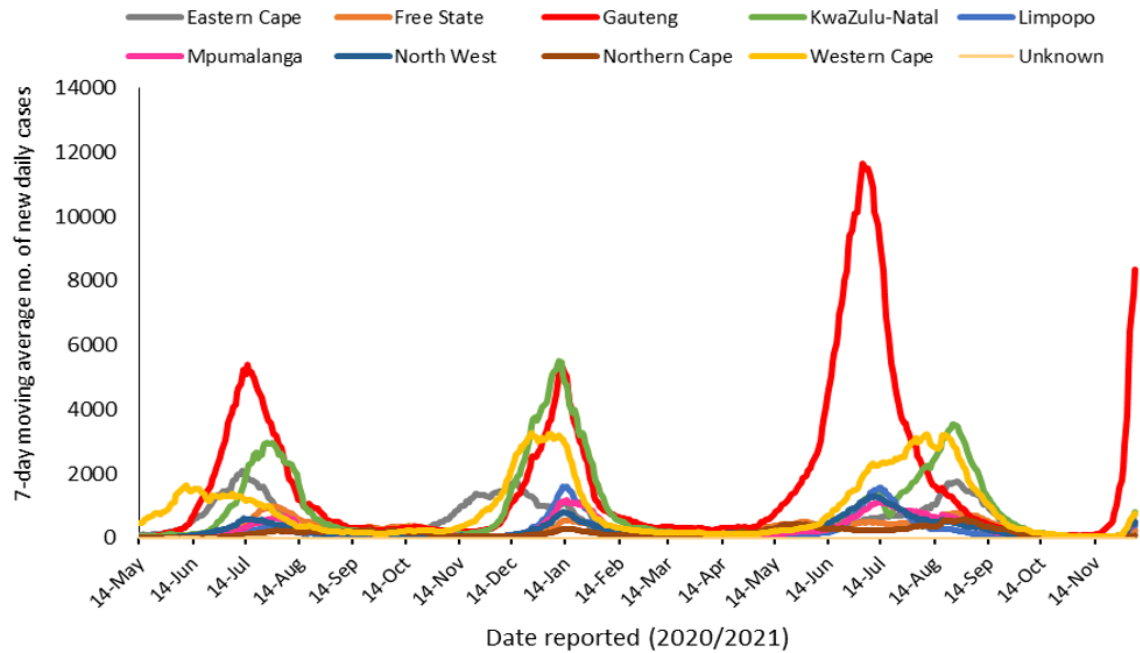


Countries with the highest number of new cases in previous 24 hours

Country	New Cases	Total Cases	New Deaths	Total Deaths
South Africa	13,147	3,051,222	27	90,002
Zimbabwe	6,586	145,632	8	4,718
Mauritius	6,194	62,500	58	652
Eswatini	507	48,358	0	1,248
Madagascar	470	44,800	5	972
Namibia	430	129,938	1	3,574
Cameroon	401	107,549	19	1,823
Burkina Faso	334	16,334	4	290
Algeria	197	211,859	3	6,114
Mali	141	18,113	1	619

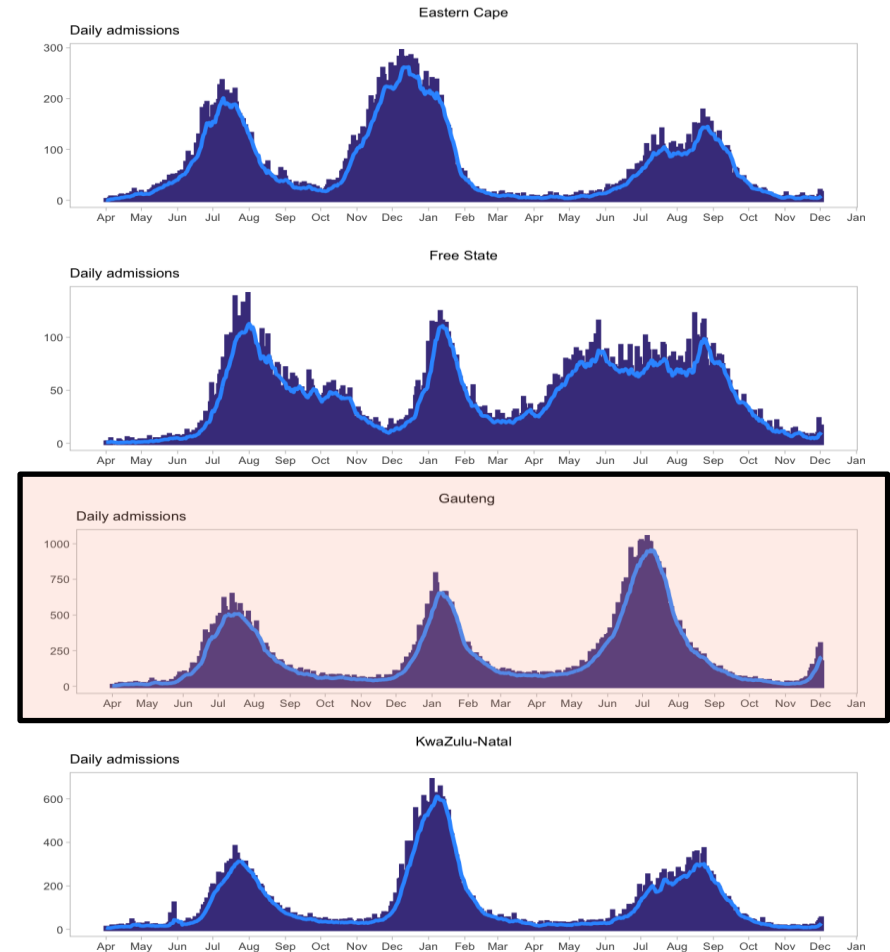
Trend line shown for the past 12 months

Trends of SARS-COV-2 cases and hospitalizations South Africa

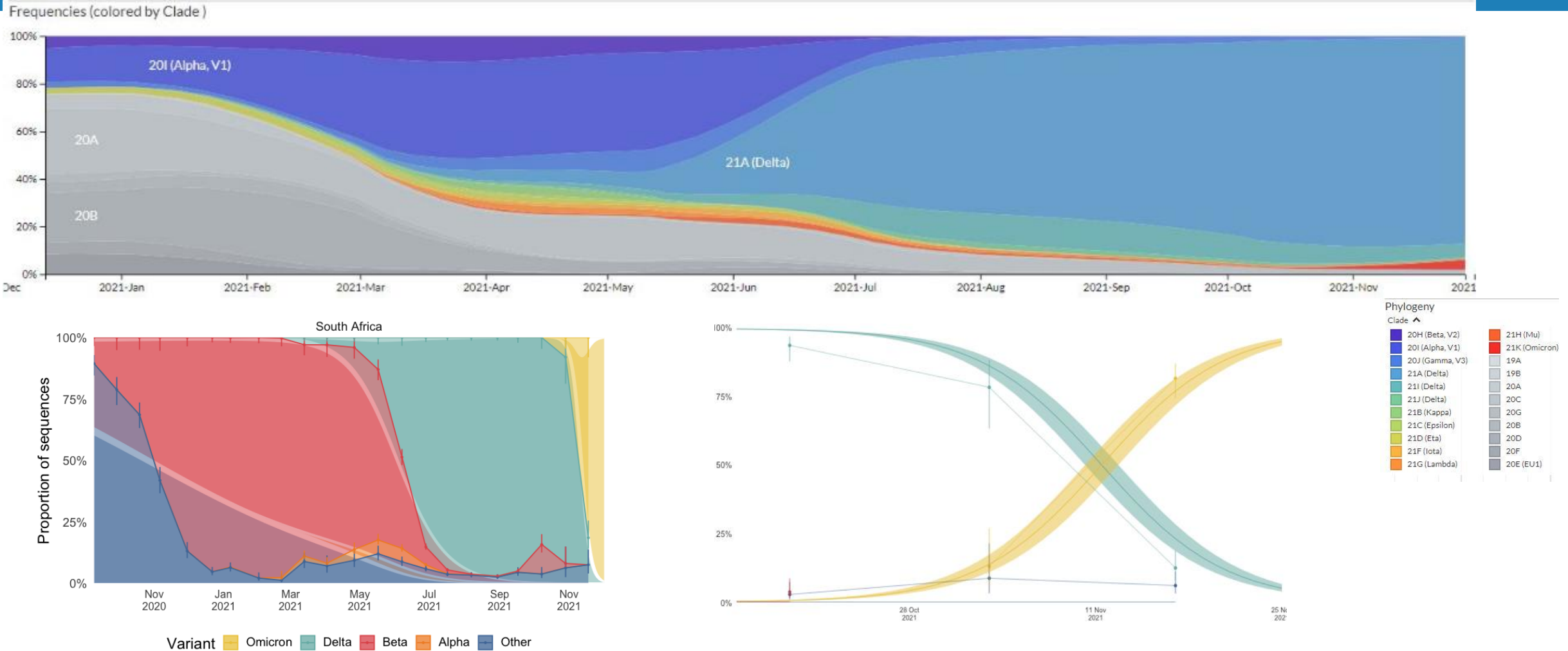


7-day moving average number of new cases by province and date of reporting, 12 April 2020 to 06 Dec 2021, South Africa
 Courtesy of NICD South Africa

Increase in hospitalisations most prominent in Gauteng – centre of Omicron outbreak

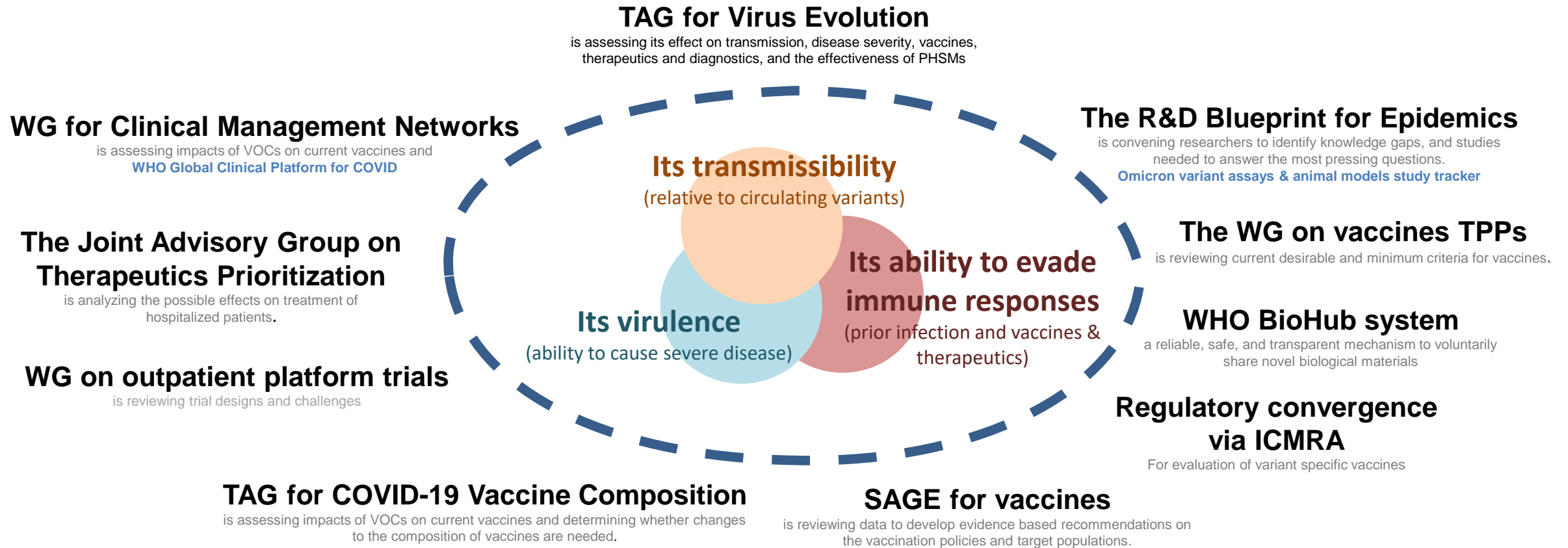


Proportion of SARS-CoV-2 VOCs variants over time: Globally and South Africa



Under an IMST, WHO is assessing the threat of VOCs (including omicron)

3 key properties of a variant are likely to influence the overall threat from it.



Thousands of researchers around the world are contributing their data and expertise to the deliberations

Omicron implications for diagnostics and therapeutics

SARS-CoV-2 Ag-RDT testing with left-over patient specimen, Omicron VOC, 01.12.2021



Test results on TaqPath
ThermoFisher Assay:
N gene Ct=19
ORF1 Ct =18,4
S gene Ct = not detected

Confirmation of Omicron-
indicative mutations by partial
Sanger sequencing of the
Spike

Application of 5 µl of original
VTM + buffer of the kit

Testing performed in duplicates

Ag-RDT tests used:

- 1) Panbio COVID-19 Ag Rapid test device (Abbott)
- 2) Flowflex (ACON biotech)
- 3) Standard Q CoVID19 Ag (SD Biosensor/Roche)
- 4) Sure Status Covid-19 Antigen Card Test (Premier Medical Corporation)
- 5) OnSite COVID-19 Ag RDT (CTK Biotech)

Credit:
Meriem Bekliz, PhD, Isabella Eckerle, MD, on behalf of the Geneva Centre for Emerging Viral Diseases, University Hospitals of Geneva & University of Geneva. Ag-RDTs received from Foundation for Innovative New Diagnostics (FIND), Geneva



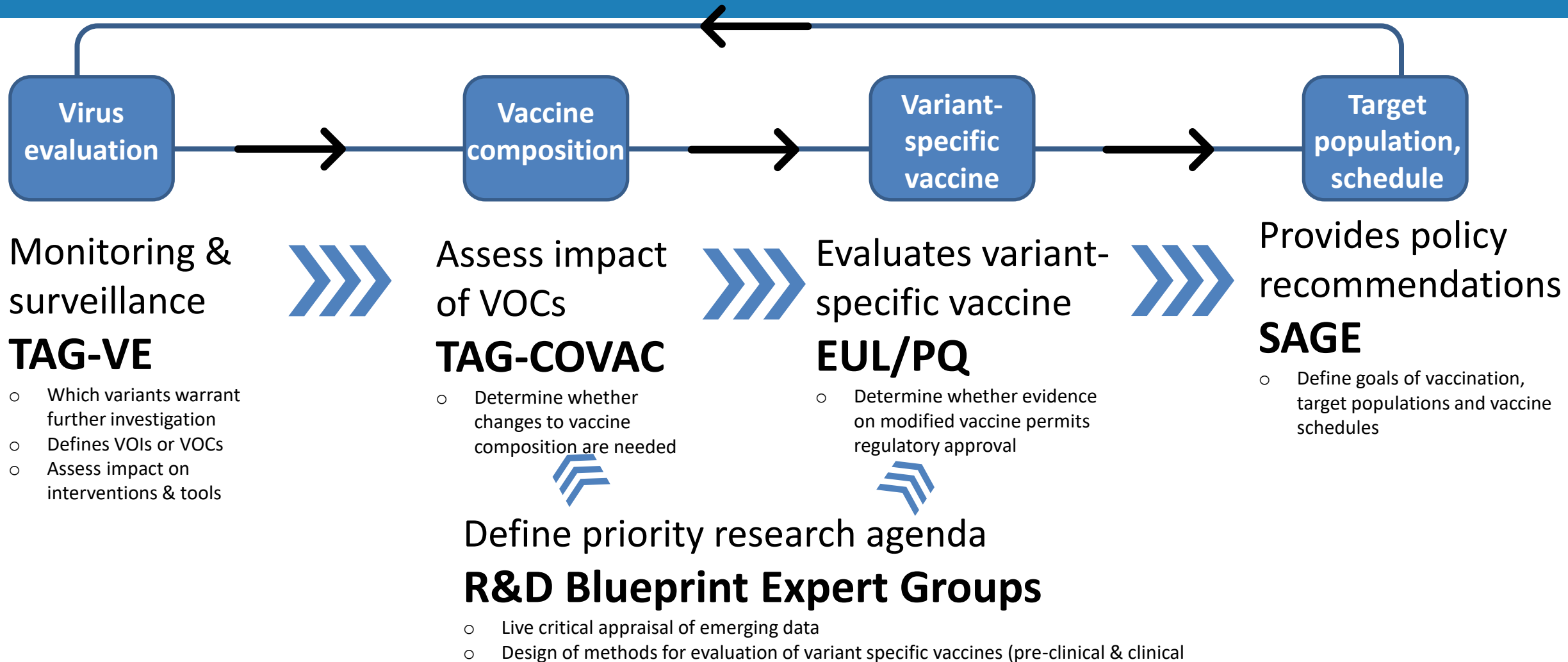
- PCR assays (with multiple gene targets) continue to detect SARS-CoV-2 infection, including Omicron
- Antigen-detection tests (Ag-RDTs) are expected to continue to detect SARS-CoV-2 infection, including Omicron

WHO R&D Blueprint
WHO Joint Advisory Group on COVID-19 Therapeutics Prioritization
DRAFT Statement on the possible effects of the new SARS-CoV-2 Omicron variant on treatment of hospitalized COVID-19 patients
WHO reference number
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1 December 2021
Geneva, Switzerland

- Focus initial research efforts on:
 - antigen binding and virus neutralization by antiviral monoclonal antibodies
 - characterization of the COVID-19 phenotype caused by infection with Omicron variant

Therapeutic	Experiment Type				
	In vitro			In vivo	
	Antiviral assessment	Live virus neutralization	Binding IgG	mAb efficacy	Therapeutic efficacy
Neutralizing monoclonal Antibody		x	x	x	
Antivirals	x				x

From VOC designation to policy recommendations for variant specific vaccines



Priorities

- Coordinated characterization, risk assessment and required research and innovation leading to evidence-based decision-making and policy formation
- Intensify efforts to drive down/keep down transmission – strengthen PHSM
- Accelerating higher, verified COVID-19 vaccines coverage, among the most vulnerable populations and HCWs, supported by strong risk communication and community engagement
- Supporting all countries to enhance clinical pathways, surveillance and laboratory systems including genomic sequencing, with a particular focus on LMICs

Reduce Exposure

Suppress
transmission

Protect the
vulnerable

Reduce morbidity
and mortality


Strengthen
communities

Vaccines AND, not Vaccines ONLY



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Thank you

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B.1.1.529 Variant of Concern: Omicron

Clinical Data Platform - for severity monitoring **CRF UPDATED**

The WHO Global Clinical Platform for COVID-19

COVID_ClinPlatform@who.int



The WHO Global Clinical Platform for COVID-19

Global understanding of the natural history of COVID-19, its clinical features, prognosis and impact of the disease in the hospitalized population globally, in different countries. The WHO has created a global clinical platform of patient-level anonymized clinical data protected platform hosted on OpenClinica.

The objectives of the Platform are to:

1. Describe the clinical characteristics of COVID-19
2. Assess the variations in clinical characteristics of COVID-19
3. Identify the association of clinical characteristics of COVID-19 with outcomes
4. Describe the temporal trends in clinical characteristics of COVID-19

The WHO invites Member States, health facilities and other entities to participate in the global effort to collect anonymized clinical data relating to suspected or confirmed cases of COVID-19 and contribute data to the WHO Global Clinical Platform.

Countries contributing data to the WHO Platform (June, 2021)



WHO Global COVID-19 Clinical Platform
The platform is a secure, limited-access, password-protected data capture platform hosted on OpenClinica. WHO will use the anonymized COVID-19 data solely for the permitted purpose(s) for which it is provided to WHO, and will protect the confidentiality and security of the Anonymized Data, in each case, in accordance with the [Term of Use](#) applicable to the Global COVID-19 Clinical Data Platform.

Background and context
Global understanding of the severity, clinical features and prognostic factors of COVID-19 in different settings and populations remains incomplete. WHO therefore invites Member States, health facilities and other entities to participate in the global effort to collect anonymized clinical data relating to suspected or confirmed cases of COVID-19 and contribute data to the Global COVID-19 Clinical Data Platform.

WHO will use the information to inform

1. Characterization of the key clinical features and prognostic factors of cases of suspected or confirmed COVID-19, thereby increase understanding of the severity, spectrum, and impact of the disease in the hospitalized population globally, in different countries.
2. Characterization of clinical interventions, thereby facilitating global and national operational planning during the COVID-19 pandemic.

Questions on the platform can be directed to: COVID_ClinPlatform@who.int.

Information on the WHO Global COVID-19 Clinical Platform - Website

- Information sheet
- Term of Use
- Instructions to complete CRF
- Instructions to complete Pregnancy CRF
- Instructions to complete Multisystem inflammatory syndrome CRF
- Instructions to upload clinical data to the Global Clinical Platform

Dashboard Navigation

1. Introduction
2. Country Contributors
3. Overview
4. Underlying Conditions
5. COVID-19 & HIV
6. Vital Signs on Admission
7. Patient Outcomes

Select page then click "go"

About the Clinical Management team

- Register to the platform
- Acknowledgement of Clinical Platform contributors

Dashboard

Acknowledgements

Core CRF

Clinical information on children/adults hospitalized with suspected or confirmed COVID-19

Arabic | Chinese | English | French | Russian | Spanish

[Completion Guidance](#)

WHO Global Clinical Platform for COVID-19 CORE CASE REPORT FORM (CRF)

INTRODUCTION

In response to the COVID-19 pandemic, the World Health Organization (WHO) has launched a global COVID-19 anonymized clinical data platform (the "COVID-19 Clinical Platform") to enable State Parties to the International Health Regulations (IHR) (2005) to share with WHO anonymized clinical data related to patients with suspected or confirmed infections with SARS-CoV-2 (collectively "anonymized COVID-19 data"). The anonymized COVID-19 data received by WHO will remain the property of the contributing Entity and will be used by WHO for purposes of verification, assessment and assistance pursuant to the IHR (2005), including to inform the public health and clinical operation response in connection with the COVID-19 outbreak. To help achieve these objectives, WHO has established an independent Clinical Advisory Group to advise WHO on global reporting and analysis of the anonymized clinical COVID-19 data. State Parties and other entities are invited to contact WHO to obtain more information about how to contribute anonymized clinical COVID-19 data to the WHO Clinical Platform. To preserve the security and confidentiality of the anonymized COVID-19 data, State Parties and other entities are respectfully requested to take all necessary measures to protect their respective log-in credentials and passwords to the COVID-19 Clinical Platform.

The anonymized COVID-19 data will be stored in the WHO COVID-19 Clinical Platform, which is a secured, access-limited, password protected electronic platform. WHO will (i) protect the confidentiality and prevent the unauthorized disclosure of the anonymized COVID-19 data; (ii) implement and maintain appropriate technical and organizational security measures to protect the security of the anonymized COVID-19 data and the COVID-19 Clinical Platform. In accordance with Article 11(4) of the IHR (2005), WHO will not make the anonymized COVID-19 data generally available to other State Parties or entities until such time as any of the conditions set forth in paragraph 2 of Article 11 are first met, and following consultation with affected countries/entities. Pursuant to that same Article 11, WHO will not make the anonymized COVID-19 data available to the public, unless and until the anonymized COVID-19 data have already been made available to State Parties, and provided that other information about the COVID-19 epidemic has already become publicly available and there is a need for the dissemination of authoritative and independent information.

To contribute data to the WHO COVID-19 Clinical Platform or to receive more information, please contact: COVID_ClinPlatform@who.int

CASE REPORT FORM (CRF)

The Core CRF is designed to collect data obtained through examination, interview and review of hospital notes. Data may be collected prospectively or retrospectively. The data collection period is defined as the period from hospital admission to discharge, transfer, death, or continued hospitalization without possibility of continued data collection.

This CRF has 4 modules:

- Module 1:** to be completed on admission to the health centre (within 24 hours of admission).
- Module 2:** to be completed on ICU admission or ICU transfer (within 24 hours of admission/transfer).
- Module 3:** to be completed at discharge or death.
- Pregnancy Module:** to be completed if: currently pregnant or <=21 days from pregnancy outcome

GENERAL GUIDANCE

- Participant identification numbers consist of a site code and a participant number. You can register on the data management system by contacting COVID_ClinPlatform@who.int and our data management team will contact you with instructions for data entry and will assign you a 5-digit site code at that time.
- Please contact us at COVID_ClinPlatform@who.int for any information.